

The Computer Media Claims (CMC) record formats described in this section meet the requirements of the Medi-Cal claims processing system. Certain data fields found on hardcopy claims, such as *Deletion*, *Attachments* and *Signature* boxes, have been eliminated from the CMC data specifications. Although most claims can be submitted through CMC, some claims are billed on hardcopy only. For a list of claims acceptable and unacceptable through CMC billing, refer to the *Billing Instructions* section.

Inaccurate entry of the Medi-Cal recipient ID number or Social Security Number (SSN) is a common cause of claim denial.

ANSI ASC X12N 837
v.4010A1

Beginning in September 2003, Medi-Cal accepts the ANSI ASC X12N 837 v.4010A1 claim formats:

<u>Electronic Format</u>	<u>Claim Type</u>	<u>CMC Equivalent</u>
ASC X12N 837	03	CMC 03
v.4010A1 Institutional	04	CMC 04
	02	CMC 02
ASC X12N 837	05	CMC 05
v.4010A1 Professional	07	CMC 07

ANSI ASC X12 837

The ASC X12 837 Health Care Claim standard was developed by the Accredited Standards Committee (ASC) X12 and accredited by the American National Standards Institute (ANSI). It is intended to provide a standard format for the electronic transmission of all health care claims. Medi-Cal has implemented the ASC X12 837 v.3041 specifically for inpatient, outpatient and medical claims. Medi-Cal has implemented the ASC X12N 837 v.4010A1 specifically for inpatient, outpatient, long term care, vision and medical claims. Submitters may transmit the ASC X12 837 v.3041 or ASC X12N 837 v.4010A1 using the same media that all other CMCs are transmitted — asynchronous or 3780 transmissions (TelePoint) tape (standard round reels or 3480 tape cartridges) or internet.

Obtaining Documentation

In addition to the materials presented in this manual, developers of claim submission systems should become familiar with ASC X12N 837 v.4010A1 documentation available from the Washington Publishing Company. Materials may be downloaded from www.wpc-edi.com.